

Supporting National Health Service Corps and Other Safety Net Clinicians Facing Personal and Professional Challenges due to COVID-19: Recommendations to HRSA

It is critical to the wellbeing of the clients we serve to have NHSC sites . . . support their NHSC participants in meaningful ways. They take care of us so we can take care of our clients

---Licensed clinical social worker, Indian Health Service/tribal site

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Report Overview and Purpose

This report offers recommendations to the Health Resources and Services Administration for ways that HRSA can support clinicians working in safety net settings during the COVID-19 pandemic. HRSA's Bureau of Health Workforce sponsors the National Health Service Corps (NHSC) and its Bureau of Primary Health Care sponsors the clinics and practices where most NHSC clinicians work. Recommendations focus on key areas where safety net practice clinicians are struggling during the pandemic: ensuring an adequate supply and appropriate use of personal protective equipment (PPE), helping practices provide other measures to protect clinicians' health, helping clinicians meet their children's needs, expanding clinicians' access to behavioral health services and resources, providing financial recognition for clinicians' expanded workloads and hazardous roles, providing emergency financial relief for clinicians facing dire financial situations, raising expectations for practice leaders to place greater weight on the needs of clinicians as people and workers, and providing greater flexibility in how NHSC clinicians can fulfill their contracts during the pandemic and these extraordinary times. These recommendations aim to support NHSC and other clinicians working in safety net practices during the remainder of the pandemic, and also ensure this workforce is healthy, engaged and remains in place into the future for safety net practices.

Recommendations in this report are based on survey responses received in December 2020 and January 2021 from 1,518 clinicians serving in the NHSC in 20 states. They are based on preliminary analyses outlined in the accompanying report.¹ HHS and HRSA have already implemented a significant number of measures to address the pandemic's challenges that safety net clinicians face. This report offers recommendations to build on current interventions and supports. This work was undertaken by Donald Pathman MD MPH at the University of North Carolina at Chapel Hill and members of the *Provider Retention and Information System Management (PRISM) Collaborative*,² with funding from HRSA's National Center for Health Workforce Analysis.

The COVID-19 pandemic has brought unprecedented changes to the work, jobs, personal safety and mental health of NHSC and other safety net clinicians

The National Health Service Corps currently provides education loan repayment and scholarship support to approximately 16,000 clinicians who contract to work two or more years providing care to poor and often uninsured individuals and communities. Most clinicians work in the HRSA's Federally Qualified Health Centers (FQHCs), but thousands of others work in HRSA's Rural Health Clinics, the Indian Health Service and tribal health clinics, community mental health facilities, drug treatment centers and other types of safety net sites.

The COVID-19 pandemic has brought unprecedented changes to the work, jobs and personal safety of all medical, dental and behavioral health clinicians, but has perhaps most affected those working in safety net practices, including NHSC clinicians. These practices are less well financially and administratively positioned to adapt to the pandemic and its ever-changing requirements for safely

¹ Data Report. Data Substantiating Recommendations to HRSA in "Supporting National Health Service Corps and Other Safety Net Clinicians Facing Personal and Professional Challenges due to COVID-19." February 5, 2021

² <https://www.practicesights.org/Home.aspx>

providing care while also protecting and supporting clinicians. Some safety net clinicians have been overwhelmed by their patients' needs while working in high risk settings with inadequate protections. Because of financial pressures on their practices, some clinicians have had their work hours cut and pay reduced, and some have been furloughed or terminated. Many have felt unsupported by their employers as these changes happened. Not surprisingly, rising rates of stress, depression, burnout, and job dissatisfaction have been broadly reported among health care providers during the pandemic, but little known about how safety net clinicians specifically are faring.

The many challenges that the pandemic has brought to clinicians' work and jobs and the effects on their mental health will lead some clinicians to disengage from their patients and jobs. Past studies predict that in the coming months and years more clinicians will leave their practices, to the detriment of these practices and patients. This will undermine the NHSC's goal for its workforce to remain in their service sites well beyond their service terms, putting in jeopardy the care of thousands of uninsured, vulnerable and minority populations served by these practices.

Recommendations

The first listed recommendations address clinicians' physical, social and mental health needs. Next are recommendations related to clinicians' finances. The last and perhaps most important two recommendations relate to broader assistance that practices and the NHSC should provide to lessen the impact that all challenges facing clinicians during the pandemic. The order of the recommendation does not reflect their relative importance or feasibility.

Recommendation 1. Ensure adequate PPE and require its appropriate use in practices supported by HRSA and the NHSC.

HRSA should require that all of the practices it supports through its various programs provide personal protective equipment (PPE) appropriate to clinicians' jobs, per CDC guidelines. Assist practices in acquiring these PPE. Require all safety net practices have an explicit and firmly enforced policy for all patients and staff to wear adequate PPE and maintain social distancing as much as possible within the health facility. These recommendations are consistent with OSHA guidance for workplaces during the COVID-19 pandemic.³ Specific options:

- a. Increase funding to HRSA-supported clinics specifically designated for PPE.
- b. Develop PPE supply lines with free or lower costs through group purchase for HRSA-supported safety net practices.
- c. To be able to maintain HRSA support, practices should be required to report how they are enforcing OSHA guidelines regarding mask wearing and social distancing. Monitor compliance through ongoing surveys of clinicians and providers.

³ Occupational Safety and Health Administration. [Guidance on Preparing Workplaces for COVID-19](#). OSHA 3990-03-2020.

Recommendation 2. Help practices provide measures to protect clinicians' health during the pandemic

Encourage safety net practices to provide safer work site or job options for clinicians who are in high risk groups for complications if infected with COVID-19 or who live with someone who is. Assure that all clinicians who provide face-to-face care to patients or clients have immediate access to COVID-19 vaccination. All of these clinicians should now be eligible to be vaccinated per CDC recommendations.⁴ Provide the means for safety net clinicians who are infected with COVID-19 to be out of work to isolate—consistent with OSHA guidance—without using regular sick-days, vacation days, or have to take unpaid leave. HRSA could:

- a. Disseminate alternative models and “best practices” for how practices can reorganize clinical, dental and behavioral health services during the pandemic to offer high-risk individuals safer work setting alternatives and how to best protect all clinicians.
- b. Formally query all safety net practice administrators for counts of patient-facing clinicians and staff who have and have not yet received first and second doses of a COVID-19 vaccine and the accessibility of vaccines to get all clinicians and staff fully immunized. All NHSC clinicians could be similarly queried. Federal distribution of vaccines to states each week could then be designated in appropriate numbers to safety net clinicians and staff not yet vaccinated.
- c. Communicate to all HRSA-supported practices the expectation that clinicians infected with COVID-19 are required to isolate away from work.

Recommendation 3. Help clinicians meet their children's needs

Provide the means for safety net clinicians to meet the logistical and financial requirements of caring for their children during the pandemic. Encourage safety net practice leaders to allow clinicians time off to respond to pressing needs of their children. Educate and encourage practice leaders to try to accommodate clinicians' responsibilities to their children when shaping clinical services and schedules, when assigning responsibilities to individuals, and in granting excused leaves. Specific options:

- a. Provide federal funding to practices not able to provide paid FMLA support to clinicians and staff to cover time out of work to care for children and other family members sick with COVID-19.
- b. Provide subsidies or tax incentives to practices and/or clinicians to cover the costs of childcare.
- c. Develop on-site childcare for younger children and a setting for school-age children to remotely attend their schools, available to children of staff of individual safety net practices or groups of nearby safety net practices.

Recommendation 4. Enhance access to behavioral health services for clinicians

With three out of four safety net clinicians feeling burned out and half feeling depressed and hopeless, HRSA should ensure there are ways for all safety net clinicians to access mental health resources and care. This recommendation is consistent with OSHA guidance for workplaces during the COVID-19 pandemic, “Ensure that psychological and behavioral support is available to address employee stress.” Promote ways for clinicians to take short, paid periods away from work for recovery and to again feel invigorated in their work and lives. Educate and encourage practice leaders how to create an organizational work culture of caring and support. HRSA could:

⁴ Centers for Disease Control and Prevention. [CDC's COVID-19 Vaccine Rollout Recommendations](#). Feb 3, 2021.

- a. Create a virtual mental health counseling service available at no-cost to clinicians working in safety net practices. Staff this service with mental health professionals oriented to the special circumstances and their effects on clinicians working in safety net practices. Serving in this role could qualify for NHSC service. This service could be offered at a national level, or alternatively organized within each state by mental health professionals who understand local issues.

Recommendation 5. Provide financial recognition for clinicians’ expanded and exhausting workload and hazardous roles

Promote ways for safety net clinicians to be financially compensated—such as through bonuses or by increases in loan repayment amounts—if in meeting the needs of their patients and practices during the pandemic they have had to work substantially longer hours, see many more and sicker patients, or taken on additional responsibilities. Similarly, find ways to provide hazard pay or otherwise recognize clinicians working in particularly hazardous roles during the pandemic. Specific option:

- a. Explicitly make hazard pay an allowed use for emergency pandemic funds that have or will be provided to practices, within state and federal requirements. Hazard pay should be equitably provided to all clinicians and staff, based on risk.

Recommendation 6. Provide emergency financial relief to clinicians in dire financial situations

Some safety net clinicians face dire financial situations due to cuts in their own or spouses’ pay or from furloughs and layoffs, at times compounded by higher costs for childcare. Many of these clinicians are early in their careers and with little personal savings and substantial education debt. These clinicians are at high risk of being lost to their practices. HRSA should develop ways to have emergency financial relief provided to safety net clinicians facing particularly dire financial situations.

Recommendation 7. Set expectations for practice leaders to weigh the needs of clinicians as people and as workers when setting organization programs and policies

Set expectations for leadership in safety net practices to maintain positive and supportive relationships with clinicians and staff during the pandemic, even when pressed to meet patients’ needs. Help practices know how best to communicate with clinicians, hear their needs and suggestions, craft supportive policies, and show appreciation for their work. HRSA’s guidance on these issues will be heard and trusted by safety net practices. HRSA could:

- a. Provide a C-suite leadership webinar series to inform practice leaders. Create education and training materials. Offer webinars.
- b. Encourage leadership to share information on the practice’s finances with all staff to help them understand the rationale for decisions as they are made.

Recommendation 8. Provide increased flexibility in how NHSC clinicians can fulfill their contracts

Provide all possible flexibility in amending NHSC participants’ contracts to accommodate the many significant changes the pandemic has caused for their clinics and family situations that were not anticipated when they signed contracts. The option to amend service contracts for pandemic-related circumstances should be clearly and proactively communicated to all NHSC clinicians. NHSC participants should not be left worrying about how changes in their jobs due to the pandemic may put them in

violation of their contracts and make them liable for large financial penalties. Building on flexibilities already implemented for NHSC clinicians, HRSA could:

- a. Allow participants who are close to completing their service terms and experience major disruptions in their jobs (e.g., practice closures) that cannot be accommodated without undue burden (e.g., if there are no alternative local qualifying sites) to have the last months of their contracts terminated without penalty (or loan repayment benefit).
- b. Allow mid-contract changes from full to part-time for clinicians who must cut back on work hours to care for children or other family members during the pandemic.
- c. Have practices that are curtailing hours, furloughing or laying off clinicians establish linkages with other NHSC-qualifying safety net practices within their state to allow these clinicians to provide virtual care for these other practices and continue their NHSC contracts, while also helping these practices meet patient demand.
- d. Allow NHSC clinicians who are furloughed or laid off from their contracted sites to engage in paid work for local health care organizations staffing COVID-19 mass vaccination clinics, and have this work deemed eligible for continued NHSC program participation.
- e. Enhance customer service training for agency staff who respond to NHSC clinicians' queries about their contract requirements and/or requesting changes. Make sure these staff understand the situations that many participants face, and know current agency policies and options.